



COUNTY OF LOS ANGELES TREASURER AND TAX COLLECTOR

KENNETH HAHN HALL OF ADMINISTRATION
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LOS ANGELES, CALIFORNIA 90012



MARK J. SALADINO

TREASURER AND TAX COLLECTOR

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September 1, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

REQUEST TO ACCEPT COMPROMISE OFFER OF SETTLEMENT (ALL SUPERVISORIAL DISTRICTS AFFECTED – 3 VOTES)

IT IS RECOMMENDED THAT YOUR BOARD:

Pursuant to Section 1473 of the Health and Safety Code, authorize acceptance of the compromise offers of settlement from the following individuals who were injured in a third party compensatory accident and who received medical care at a County facility:

Account Number 10778126 in amount of \$18,269.30
Account Number 10673294 in amount of \$4,123.23
Account Number 10768774 in amount of \$6,000
Account Number 10800972 in amount of \$32,971.73
Account Number 10903348 in amount of \$2,657
Account Number 10845509 in amount of \$4,252.04

JUSTIFICATION:

The best interest of the County would be served by the approval of this recommendation and the County Counsel concurs.

IMPLEMENTATION OF STRATEGIC PLAN GOALS:

This action is consistent with the Countywide Strategic Plan Goal of Fiscal Responsibility in pursuing collection of charges owed for County services.

FISCAL IMPACT:

The County will recover partial payment from a third party against debts, otherwise uncollectible due to the limited financial resources of the individuals who received the medical care.

PURPOSE OF RECOMMENDED ACTION:

The compromise offers of settlement are recommended because the patients, estates, or legally responsible relatives are unable to pay the charges.

Respectfully submitted,



MARK J. SALADINO
Treasurer and Tax Collector

MJS:SFJ:efh
X:Comp.76

Attachments

c: Chief Administrative Officer
County Counsel

APPROVED
RAYMOND G. FORTNER, JR.
County Counsel

by 
Principal Deputy County Counsel

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 76A
DATE: September 1, 2005

Amount of Aid	\$49,956.00	Account Number	10778126
Amount Paid	.00	Name	Adult Male
Balance Due	49,956.00	Service Date	09/15/03 to 09/23/03
Compromise Amount Offered	18,269.30	Facility	LAC USC Medical Center
Amount to be Written Off	\$31,686.70	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$49,956.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$56,310.56 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$18,623.81	\$18,623.81	33.07%
Attorney Cost	439.14	439.14	.79%
Los Angeles City Fire Department	354.50	354.50	.63%
County of Los Angeles	49,956.00	18,269.30	32.44%
Net to Client	N/A	18,623.81	33.07%
Total	\$69,373.45	\$56,310.56	100.00%

Our financial investigation reveals that the client is unemployed and receives disability payments. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 76B
DATE: September 1, 2005

Amount of Aid	\$145,236.00	Account Number	10673294
Amount Paid	.00	Name	Adult Female
Balance Due	145,236.00	Service Date	11/24/01 to 01/07/02
Compromise Amount Offered	4,123.23	Facility	LAC USC Medical Center
Amount to be Written Off	\$141,112.77	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was injured in an automobile versus pedestrian accident. She was treated at LAC USC Medical Center at a cost of \$145,236.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,295.04	\$ 4,295.04	28.63%
Attorney Cost	2,114.87	2,114.87	14.09%
Providence Holy Cross Hospital	197.00	5.58	.04%
Kaiser Medical	4,610.00	135.29	.91%
American Medical Response	527.50	15.03	.11%
Los Angeles City Fire Department	565.00	15.89	.11%
County of Los Angeles	145,236.00	4,123.23	27.48%
Net to Client	N/A	4,295.07	28.63%
Total	\$157,545.41	\$15,000.00	100.00%

Our financial investigation reveals that the client supports herself and her elderly mother with a marginal income. She has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 76C
DATE: September 1, 2005

Amount of Aid	\$284,929.00	Account Number	10768774
Amount Paid	.00	Name	Adult Male
Balance Due	284,929.00	Service Date	09/16/02 to 02/14/03
Compromise Amount Offered	6,000.00	Facility	LAC USC Medical Center
Amount to be Written Off	\$278,929.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus automobile accident. He was treated at LAC USC Medical Center at a cost of \$284,929.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$14,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 3,200.00	\$ 3,200.00	22.86%
Attorney Cost	1,600.00	1,600.00	11.43%
County of Los Angeles	284,929.00	6,000.00	42.85%
Net to Client	N/A	3,200.00	22.86%
Total	\$289,729.00	\$14,000.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 76D
DATE: September 1, 2005

Amount of Aid	\$128,284.00	Account Number	10800972
Amount Paid	.00	Name	Adult Male
Balance Due	128,284.00	Service Date	06/08/03 to 12/04/03
Compromise Amount Offered	32,971.73	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$ 95,312.27	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in a shooting accident. He was treated at Harbor UCLA Medical Center at a cost of \$128,284.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$100,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 40,000.00	\$ 40,000.00	40.00%
Attorney Costs	1,084.81	509.81	.51%
County of Los Angeles	128,284.00	32,971.73	32.97%
Net to Client	N/A	26,518.46	26.52%
Total	\$169,368.81	\$100,000.00	100.00%

Our financial investigation reveals that the client is unemployed and is supported by relatives. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
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TRANSMITTAL NO. 76E
DATE: September 1, 2005

Amount of Aid	\$34,002.00	Account Number	10903348
Amount Paid	.00	Name	Adult Male
Balance Due	34,002.00	Service Date	09/04/04 to 10/06/04
Compromise Amount Offered	2,657.00	Facility	Harbor UCLA Medical Center
Amount to be Written Off	\$31,345.00	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus bicycle accident. He was treated at Harbor UCLA Medical Center at a cost of \$34,002.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$3,500.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 1,116.67	\$.00	.00%
Attorney Cost	500.00	500.00	14.29%
Westmed Ambulance Incorporated	1,174.25	92.00	2.63%
Robert F. Kennedy Medical Center	1,699.22	133.00	3.80%
Hawthorne Radiology Association	39.00	3.00	.09%
CA Emergency Physicians RFK	280.00	22.00	.63%
Vista Bay Medical Group	1,195.00	93.00	2.66%
County of Los Angeles	34,002.00	2,657.00	75.90%
Net to Client	N/A	.00	.00%
Total	\$40,006.14	\$3,500.00	100.00%

Our financial investigation reveals that the client supports himself with a marginal income. He has no other source of income or tangible assets.

DATA FOR COMPROMISE SETTLEMENT

COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

TRANSMITTAL NO. 76F
DATE: September 1, 2005

Amount of Aid	\$82,916.00	Account Number	10845509
Amount Paid	.00	Name	Adult Male
Balance Due	82,916.00	Service Date	03/23/04 to 06/25/04
Compromise Amount Offered	4,252.04	Facility	LAC USC Medical Center
Amount to be Written Off	\$78,663.96	Service Type	Inpatient/Outpatient

JUSTIFICATION

The client was involved in an automobile versus pedestrian accident. He was treated at LAC USC Medical Center at a cost of \$82,916.00. There is no Medi-Cal or private insurance involvement.

The attorney has settled the case for the amount of \$15,000.00 and proposes the following disbursement:

Disbursements	Total Claim	Proposed Settlement	Percent of Settlement
Attorney Fees	\$ 4,295.00	\$ 4,295.00	28.63%
Attorney Cost	2,114.99	2,114.99	14.09%
AMR Ambulance Service	722.50	42.96	.28%
County of Los Angeles	82,916.00	4,252.04	28.37%
Net to Client	N/A	4,295.01	28.63%
Total	\$90,048.49	\$15,000.00	100.00%

Our financial investigation reveals that the client is unemployed and receives support from relatives. He has no other source of income or tangible assets.